response to the 69 recommendations were: already usual practice (no cause for concern) [n = 51], already usual practice (cause for concern) [n = 15] and no plans to implement [n = 3].The audit did not support the favourable BA response in 3 out of the 69 recommendations: use of endoscopic ultrasound, staging laparoscopy and preoperative nutrition assessment.
Conclusions: Audit, and not benchmark assessments, should be used to allow a more detailed and accurate record of current practice for patients with potentially curative OG cancers.

DOCUMENTATION OF FACIAL NERVE MORBIDITY FOLLOWING PAROTIDECTOMY: A 5 YEAR RETROSPECTIVE AUDIT OF 53 CASES

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We retrospectively evaluated the documentation of post operative facial nerve function of all patients who underwent parotidectomy by a single consultant surgeon. Grade of operator, operation performed, histopathology, documentation of sensory nerve deficit as well as incidence of freys syndrome, haematoma, tumour spillage and recurrence was also addressed in the audit. In the audit, 53 patients (Average age – 53.8, range 14-83) underwent parotidectomy between 2003 and 2007 with a minimum of 1 year follow-up. Of these 53 patients, 45 (85%) had their facial nerve function fully documented post operatively and at every subsequent follow-up appointment until normal function was recorded. Incomplete documentation was observed in 7 patients (13%) and in only 1 patient (2%) was facial nerve function not documented at all. Of the 45 patients whose facial nerve function was fully documented, 24 (53%) had some immediate post operative weakness of the facial nerve. After 1 month 17 (38%) had some facial nerve weakness. After 3 months 35 (78%) had fully recovered and 10 (22%) had some remaining weakness. After 6 months 38 (84%) had normal nerve function and 7 had minor nerve paresis. After 1 year, 42 (94%) had fully recovered and 3 (6%) had some facial nerve weakness.

TAKE NOTE, SURGICAL DOCUMENTATION IS IMPROVING: A 5 YEAR REVIEW

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Introduction: Accurate, timely and legible note keeping supports the safe and effective delivery of surgical services. We aimed to establish a quality score for surgical documentation in a teaching hospital and ascertain if standards are improving.
Methods: Multiple case notes were randomly selected for each general surgical consultant at 2 time points in 2004 and 2009. The CRABEL score was chosen to ascertain the quality of note keeping. The initial clerk-in, 5 subsequent entries and the discharge letter were examined and a percentage score obtained. The tool examines the quality of the information recorded and its legibility. It has been widely validated and used in NCEPOD reports. Researchers collated a mean score for each consultant at 2004 and 2009.
Results: 11 sets of notes at the 2 time points were examined. The mean CRABEL score at 2009 was significantly higher than at 2004, 74% (66-83) versus 63% (61.1-65.8)($p = 0.03$). Most points were lost at both time points due to poor documentation of date and time (43% points lost) and illegible signature (28%).
Conclusions: The quality of surgical documentation has improved from 2004 to 2009 as measured using the CRABEL score. The most frequent errors are poor recording of date and time and illegibility of signature.

AN 'OPEN SOURCE', SELF-BUILT, CONVENTIONAL AND SINGLE INCISION LAPAROSCOPIC SURGERY (SILS) SIMULATOR

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Introduction: A presentation of the AcesoSim - an 'open source' laparoscopic and SILS simulator. It's unique feature is that the details of how to make it are published on a web-site (AcesoSim.org) and it can be built for less than £100.
Methods: Video clips demonstrate the AcesoSim. A 10-point face validity questionnaire was performed comparing intracorporeal suturing on the AcesoSim with the virtual reality LapSim (Surgical Science, Sweden).
Results: Both conventional laparoscopic and SILS procedures are demonstrated. The face validity questionnaire, scoring from 1-10, demonstrated a significant ($p < 0.001$) advantage to the AcesoSim over the LapSim regarding: mean(SD): overall usefulness as a training tool 9.22 (0.83) vs 5.11 (3.01), value for money 9.77 (0.44) vs 1.88 (1.69), realism of suturing 8.77 (0.97) vs 2.22 (1.56) and realism of tactile feedback 8.88 (0.93) vs 2.33 (1.41). Realism of anatomical representation was better in the LapSim: 6.37 (2.31) vs AcesoSim 3.75 (1.48) $p < 0.01$. Camera and instrument simulation and user interface were considered equal. (n = 9: 3 consultants, 6 trainees).
Conclusions: The video is a clear presentation of this novel and exciting 'open source' and SILS enabled concept. The face validity questionnaire supports its potential as a useful training tool.

WORK PLACE BASED SURGICAL ASSESSMENTS: ASSESSMENT FOR LEARNING OR ASSESSMENT OF LEARNING?

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Introduction: Work place based assessment system is an integral part of the new surgical curriculum. Although designed to serve both formative and summative functions, the real benefit is yet to be established.
Method: This is an interview based qualitative study. Surgical trainees (n = 14) and trainers (n = 4) were invited to participate in this study. Semi structured interviews were performed and participants were asked about their perception of current surgical assessment system, rigour of the process, feedback, experience and opinion about the learning benefit of assessments in surgical training. Key themes were identified from the interview data and compared across the database.
Result: In a general overview, most of the participants expressed doubt about the effectiveness of work place based assessments. The major challenges to undertake these assessments were lack of sufficient time and enthusiasm. Most of them felt that these assessments are mostly subjective without any benefit in teaching and learning.
Conclusion: The current shift in focus from experience to competence based system has affected the quality as well as the quantity of the surgical training by overburdening the faculties and trainees with the administrative work. Participants in this study suggest that there should be a balance between training and assessment

USE OF A DEDICATED TEACHING SESSION FOR IMPROVING STANDARDS OF SURGICAL WARD ROUND DOCUMENTATION.

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